SYVERSON LUTHERAN HOME

816 PORTER AVENUE

EAU CLAIRE 54701 Phone: (715) 832-3	1644	Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operat:	ion: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03)	: 115	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	115	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	112	Average Daily Census:	111

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No				8		17.0
Supp. Home Care-Personal Care	No			1		1 10010	44.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.4		21.4
Day Services	No	Mental Illness (Org./Psy)	34.8	65 - 74	4.5		
Respite Care	No	Mental Illness (Other)	4.5	75 - 84	25.0		83.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.9	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	14.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	2.7			Nursing Staff per 100 Res	idents
Home Delivered Meals	No	Fractures	0.9		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	18.8	65 & Over	94.6		
Transportation	Yes	Cerebrovascular	5.4			RNs	15.5
Referral Service	No	Diabetes	1.8	Gender	용	LPNs	4.5
Other Services	No	Respiratory	4.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	25.9	Male	21.4	Aides, & Orderlies	43.0
Mentally Ill	No			Female	78.6		
Provide Day Programming for			100.0	1			
Developmentally Disabled	No			i	100.0		
***********	****	* * * * * * * * * * * * * * * * * * *	*****	*****	******	* * * * * * * * * * * * * * * * * * *	*****

## Method of Reimbursement

		Medicare			edicaid			Other		:	Private Pay	:		amily Care			anaged Care	l 		
Level of Care	No.	96	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	1.4	132	0	0.0	0	1	2.9	177	0	0.0	0	0	0.0	0	2	1.8
Skilled Care	6	100.0	289	67	94.4	114	0	0.0	0	34	97.1	158	0	0.0	0	0	0.0	0	107	95.5
Intermediate				3	4.2	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		71	100.0		0	0.0		35	100.0		0	0.0		0	0.0		112	100.0

SYVERSON LUTHERAN HOME

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	cions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:	- 1	Activities of	용	As	ssistance of	4	Number of
Private Home/No Home Health	5.9	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	3.3	Bathing	4.5		61.6	33.9	112
Other Nursing Homes	2.6	Dressing	17.0		54.5	28.6	112
Acute Care Hospitals	86.8	Transferring	33.9		59.8	6.3	112
Psych. HospMR/DD Facilities	0.0	Toilet Use	29.5		43.8	26.8	112
Rehabilitation Hospitals	0.0	Eating	73.2		14.3	12.5	112
Other Locations	1.3	******	******	*****	*****	******	*****
Total Number of Admissions	152	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	5.4	Receiving Resp	iratory Care	4.5
Private Home/No Home Health	36.7	Occ/Freq. Incontinen	t of Bladder	42.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	14.0	Occ/Freq. Incontinen	it of Bowel	20.5	Receiving Suct	ioning	0.0
Other Nursing Homes	0.7	<u>-</u>			Receiving Osto	my Care	1.8
Acute Care Hospitals	10.7	Mobility			Receiving Tube	Feeding	0.9
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed.	0.0	Receiving Mech	anically Altered Diets	34.8
Rehabilitation Hospitals	0.0				-	-	
Other Locations	8.7	Skin Care			Other Resident C	haracteristics	
Deaths	29.3	With Pressure Sores		5.4	Have Advance D	irectives	86.6
Total Number of Discharges	i	With Rashes		1.8	Medications		
(Including Deaths)	150 i				Receiving Psyc	hoactive Drugs	44.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

***************************************												
	Ownership: This Nonprofit											
This				-199	Ski	lled	All					
Facility	Peer	Peer Group		Group	Peer	Group	Faci	lities				
엉	ଚ	Ratio	용	Ratio	%	Ratio	용	Ratio				
96.5	92.0	1.05	87.6	1.10	88.1	1.10	87.4	1.10				
90.2	85.9	1.05	83.0	1.09	82.1	1.10	76.7	1.18				
23.0	22.1	1.04	19.7	1.17	20.1	1.14	19.6	1.17				
136.9	138.9	0.99	167.5	0.82	155.7	0.88	141.3	0.97				
135.1	139.5	0.97	166.1	0.81	155.1	0.87	142.5	0.95				
68.5	64.3	1.06	72.1	0.95	68.7	1.00	61.6	1.11				
97.3	96.1	1.01	94.9	1.03	94.0	1.04	88.1	1.10				
94.6	96.4	0.98	91.4	1.04	92.0	1.03	87.8	1.08				
63.4	55.4	1.14	62.7	1.01	61.7	1.03	65.9	0.96				
31.3	32.6	0.96	21.5	1.46	23.7	1.32	21.0	1.49				
0.0	0.6	0.00	0.8	0.00	1.1	0.00	6.5	0.00				
39.3	36.2	1.09	36.1	1.09	35.8	1.10	33.6	1.17				
25.9	24.3	1.06	22.8	1.13	23.1	1.12	20.6	1.26				
45.4	50.5	0.90	50.0	0.91	49.5	0.92	49.4	0.92				
44.6	58.5	0.76	56.8	0.79	58.2	0.77	57.4	0.78				
6.1	6.8	0.90	7.1	0.87	6.9	0.89	7.3	0.84				
	Facility %  96.5 90.2 23.0 136.9 135.1 68.5 97.3 94.6 63.4 31.3 0.0 39.3 25.9 45.4 44.6	This Nong Facility Peer %  96.5 92.0 90.2 85.9 23.0 22.1 136.9 138.9 135.1 139.5 68.5 64.3 97.3 96.1 94.6 96.4 63.4 55.4 31.3 32.6 0.0 0.6 39.3 36.2 25.9 24.3 45.4 50.5 44.6 58.5	This Facility Peer Group Ratio  96.5 92.0 1.05 90.2 85.9 1.05 23.0 22.1 1.04 136.9 138.9 0.99 135.1 139.5 0.97 68.5 64.3 1.06 97.3 96.1 1.01 94.6 96.4 0.98 63.4 55.4 1.14 31.3 32.6 0.96 0.0 0.6 0.00 39.3 36.2 1.09 25.9 24.3 1.06 45.4 50.5 0.90 44.6 58.5 0.76	This Nonprofit 100 Facility Peer Group Ratio 8  96.5 92.0 1.05 87.6 90.2 85.9 1.05 83.0 23.0 22.1 1.04 19.7 136.9 138.9 0.99 167.5 135.1 139.5 0.97 166.1 68.5 64.3 1.06 72.1 97.3 96.1 1.01 94.9 94.6 96.4 0.98 91.4 63.4 55.4 1.14 62.7 31.3 32.6 0.96 21.5 0.0 0.6 0.00 0.8 39.3 36.2 1.09 36.1 25.9 24.3 1.06 22.8 45.4 50.5 0.90 50.0 44.6 58.5 0.76 56.8	This Nonprofit 100-199 Facility Peer Group % Ratio % Ratio  96.5 92.0 1.05 87.6 1.10 90.2 85.9 1.05 83.0 1.09 23.0 22.1 1.04 19.7 1.17 136.9 138.9 0.99 167.5 0.82 135.1 139.5 0.97 166.1 0.81 68.5 64.3 1.06 72.1 0.95 97.3 96.1 1.01 94.9 1.03 94.6 96.4 0.98 91.4 1.04 63.4 55.4 1.14 62.7 1.01 31.3 32.6 0.96 21.5 1.46 0.0 0.6 0.00 0.8 0.00 39.3 36.2 1.09 36.1 1.09 25.9 24.3 1.06 22.8 1.13 45.4 50.5 0.90 50.0 0.91 44.6 58.5 0.76 56.8 0.79	This Nonprofit 100-199 Ski Facility Peer Group Peer Group Ratio Ra	This Nonprofit 100-199 Skilled Facility Peer Group % Ratio % Ratio % Ratio % Ratio % Ratio % Ratio 90.2 85.9 1.05 83.0 1.09 82.1 1.10 23.0 22.1 1.04 19.7 1.17 20.1 1.14 136.9 138.9 0.99 167.5 0.82 155.7 0.88 135.1 139.5 0.97 166.1 0.81 155.1 0.87 68.5 64.3 1.06 72.1 0.95 68.7 1.00 97.3 96.1 1.01 94.9 1.03 94.0 1.04 94.6 96.4 0.98 91.4 1.04 92.0 1.03 63.4 55.4 1.14 62.7 1.01 61.7 1.03 31.3 32.6 0.96 21.5 1.46 23.7 1.32 0.0 0.6 0.00 0.8 0.00 1.1 0.00 39.3 36.2 1.09 36.1 1.09 35.8 1.10 25.9 24.3 1.06 22.8 1.13 23.1 1.12 45.4 50.5 0.90 50.0 0.91 49.5 0.92 44.6 58.5 0.76 56.8 0.79 58.2 0.77	This Nonprofit 100-199 Skilled All Facility Peer Group Peer Group Ratio				